



1653  
EP

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PATENT  
Attorney Docket No.: 019957-011213US  
Client Ref. No.: NEO00018C2

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

On July 16, 2004

TOWNSEND and TOWNSEND and CREW LLP

By: [Signature]

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:

Paulson et al.

Application No.: 10/081,456

Filed: February 21, 2002

For: PRACTICAL IN VITRO  
SIALYLATION OF RECOMBINANT  
GLYCOPROTEINS

Customer No.: 20350

Confirmation No. 5830

Examiner: Manjunath Rao

Technology Center/Art Unit: 1652

AMENDMENT

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed June 16, 2004, please enter the following amendments and remarks:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 4 of this paper.

**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/081,456	
	Filing Date	February 21, 2002	
	First Named Inventor	Paulson, James C.	
	Art Unit	1652	
	Examiner Name	Manjunath Rao	
Total Number of Pages in This Submission	6	Attorney Docket Number	019957-011213US

**ENCLOSURES** (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard
<b>Remarks</b> The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Townsend and Townsend and Crew LLP Beth L. Kelly	Reg. No. 51,868
Signature		
Date	07/16/2004	

**CERTIFICATE OF TRANSMISSION/MAILING**

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Typed or printed name	Dana Kane		
Signature		Date	07/16/2004